FILING DATE SERIAL NO. **CLAIMS ONLY** CLAIMS AFTER AFTER AS FILED 1st AMENDMENT 2nd AMENDMENT DEP. DEP. DEP. IND. DEP. DEP. IND. IND. DEP. IND. 4 . aria (taba) usan ka arisa ari TOTAL IND. TOTAL IND. TOTAL DEP. TOTAL DEP. TOTAL

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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